S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1948

Registration District No. 2847

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37362

Primary Registration District No. 3043

Registrar's No. 368

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Six Weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Frankford
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Edward McQuay

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

6. (a) Single, ~~widowed~~, married, ~~divorced~~ 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 17 (Day) 1943 (Year)

8. AGE:	Years	Months	Days	If less than one day
	5	2	9	hr. min.

9. Birthplace Frankford, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER
12. Name Carl Elliott McQuay 0
13. Birthplace Pike County Mo. (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Alvie Dean Miller
15. Birthplace Ralls County Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Carl Elliott McQuay
(b) Address Frankford Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 27 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Frankford, Mo.

18. (a) Signature of funeral director Fields & Son
(b) Address Frankford, Mo.

19. (a) Nov 26 '48 (Date received local registrar) (b) E & M Lueken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from ~~Nov 26 '48~~ Oct 26 1948 to Nov 25 1948 that I last saw h— alive on Nov 25 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General Peritonitis	
Due to: Appendicitis	11
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature H. W. Meeker (M. D. or other) M D

Address Hannibal Mo Date signed 11/26/48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Dan Fields Megown

Licensed Embalmer No. 4063

P. O. Address Frankford Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.